

## LOW INCOME RATE REDUCTION FOR WATER/SEWER/STORM DRAIN UTILITIES

The City of Duvall provides for a reduced base water rate, sewer rate and storm drain rate for low-income customers as provided by state law and City Ordinance #1121.

## **Low-Income Guidelines**

No. of People in	20% Discount on base	15% Discount on base	10% Discount on base
Household	rate for utilities	rate for utilities	rate for utilities
1	\$18,850 or less	\$18,851 - \$31,400	\$31,401 - \$46,100
2	\$21,550 or less	\$21,551 - \$35,850	\$35,851 - \$52,650
3	\$24,250 or less	\$24,251 - \$40,350	\$40,351 - \$59,250
4	\$26,900 or less	\$26,901 - \$44,800	\$44,801 - \$65,800
5	\$29,100 or less	\$29,101 - \$48,400	\$48,401 - \$71,100
6	\$32,570 or less	\$32,571 - \$52,000	\$52,001 - \$76,350
7	\$36,730 or less	\$36,731 - \$55,600	\$55,601 - \$81,600
8	\$40,890 or less	\$40,891 - \$59,150	\$59,151 - \$86,900

l,	(	please print), ce	ertify under penalty of perjury that I had a gross
combined hous	sehold annual income	of \$d	uring the year of 2015. I also certify that I have
numbe	r of persons living at t	he address who	ere I receive utility service from the City of
Duvall. I am aw	are this application m	ust be renewed	l annually and <u>I must provide verification of</u>
	•		eturn or other proof of annual income. Proof of
	•	•	ny social security number on all forms submitted
			quire that information for the application to be
considered. <mark>Inc</mark>	c <mark>omplete applications</mark>	will not be acc	epted and will be returned.
(Applicant's Signature)(Date)			(Account Number)
(Applicant 3 3ig	nature)(Date)		(Account Number)
(Service Addres	ss)		
(Mailing Addres	ss <b>if Different than Se</b>	rvice Address)	
(City)	(State)	(Zip)	
(City)	(State)	( <b>L</b> .P)	
(Email address	and/or phone numbe	r)	